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APP #18098
GMP 20110001

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Mississippi Department of Environmental Quality
Office of Pollution Control – Environmental Permits Division
POST OFFICE BOX 2261 • JACKSON, MS 39225-2261
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DRY LITTER POULTRY ANIMAL FEEDING OPERATIONS
NOTICE OF INTENT (DLPNOI)
FOR COVERAGE UNDER
MULTIMEDIA GENERAL POLLUTION CONTROL PERMIT NO. MSG200542
(Number to be assigned by State)

APPLICANT MUST BE THE OWNER AND/OR OPERATOR OF THE PROPERTY ASSOCIATED WITH THE REGULATED ACTIVITY. ALL SUBMITTALS MUST INCLUDE THE FOLLOWING:

ALL SUBMITTALS WITH THIS DLPNOI MUST INCLUDE:

- A CURRENT NUTRIENT MANAGEMENT PLAN (SEE SECTION II)
- A USGS QUAD MAP OR A COPY SHOWING THE SITE LOCATION
- A SITE DRAWING

ADDITIONAL SUBMITTALS MAY INCLUDE THE FOLLOWING IF APPLICABLE:

- APPROPRIATE SECTION 404 DOCUMENTATION (WETLANDS)
- A STORM WATER POLLUTION PREVENTION PLAN (SWPPP), IF THERE IS TO BE CONSTRUCTION WORK TOTALING ONE ACRE OR MORE
- CONTIGUOUS LAND OWNER NOTIFICATION(S) AS IDENTIFIED IN CONDITION S-2, ACT2 OF THE DRY LITTER POULTRY ANIMAL FEEDING OPERATIONS MULTIMEDIA GENERAL POLLUTION CONTROL PERMIT NO. MSG20.

USGS QUAD MAPS SUBMITTED MUST EXTEND AT LEAST ONE MILE BEYOND THE PROPERTY BOUNDARIES OF THE FACILITY AND MUST CLEARLY SHOW ALL SPRINGS AND SURFACE WATER BODIES IN THE AREA, PLUS ALL DRINKING WATER WELLS WITHIN ¼ MILE OF THE FACILITY. ADDITIONALLY, ALL PUBLIC DRINKING WELLS WITHIN ONE MILE OF THE FACILITY MUST BE IDENTIFIED.

THE SITE DRAWING MUST SHOW THE PROPERTY BOUNDARIES AND MUST INDICATE THE APPROXIMATE LOCATION OF EACH EXISTING AND PROPOSED STRUCTURE (HOUSE, INCINERATOR, DEAD BOX, LAND APPLICATION FIELD, COMPOSTING AREA, LITTER STORAGE STRUCTURE, ETC). THE SITE DRAWING MUST INCLUDE A COMPASS DIRECTION HEADER.

SUBMIT AT LEAST 180 DAYS PRIOR TO COMMENCEMENT OF CONSTRUCTION OR PLANNED OPERATIONS. ALL FORMS MUST BE SUBMITTED TO: CHIEF, ENVIRONMENTAL PERMITS DIVISION, MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY, P.O. BOX 2261, JACKSON, MISSISSIPPI 39225-2261.

ALL QUESTIONS MUST BE ANSWERED. FOR THIS APPLICATION TO BE CONSIDERED, ALL QUESTIONS ON THIS FORM MUST BE ANSWERED. IF AN ITEM DOES NOT APPLY, ENTER "N/A" (NOT APPLICABLE) TO SHOW THAT YOU CONSIDERED THE QUESTION.

I. GENERAL INFORMATION:

CONTACT AND FACILITY INFORMATION

Name of Owner: Thomas Malone

Facility Name: MAM FARMS

Mailing Address:

Street or P.O. Box: 42 SeannBunch Dr

City: Waynesboro State: MS Zip: 39367

Physical Address: (If the physical address is not available indicate the nearest named road or intersection.)

Street (can not be a P.O. Box) 54 MALONE STEWNET Rd.

City: WAYNESBORO State: MS Zip: 39367

County: WAYNE

Latitude (degrees/min/sec): N 31° 38' 16.26"

Longitude (degrees/min/sec): W 88° 44' 29.84"

Nearest named receiving stream: Pole BRANCH

Facility Telephone No. (Include Area Code): 601 735-5244

Facility Fax No. (Include Area Code): NONE

Facility Cell Phone No. (Include Area Code): 601-410-3984

Other Contact Phone Numbers (Include Area Code): 601-410-9005

TYPES OF ACTIVITY

Check all that apply:

Existing dry litter poultry operation that is not proposing an increase in the number of houses

Construction and/or operation of an incinerator

New or expanding operations that will require construction activities disturbing one acre or more

II. DRY LITTER POULTRY FEEDING OPERATION CHARACTERISTICS:

TYPE AND AMOUNT OF CHICKENS
Check all that apply and indicate the amounts

Broilers (SIC 0251): 107,100

Layers (SIC 0252): _____

TOTAL AMOUNT: _____

Housed under roof
 Open confinement

BEST MANAGEMENT PRACTICES (BMP)
Check any of the following BMPs that will be implemented to control runoff from your site and protect water quality

Buffers
 Setbacks
 Conservation tillage
 Constructed wetland
 Infiltration field
 Grass filter
 Terrace

TYPES OF DRY LITTER CONTAINMENT, STORAGE, AND CAPACITY
Check all that apply and indicate total days of storage and their capacity in tons

Type of Storage	Total Number of Days	Total Capacity (tons)
<input checked="" type="checkbox"/> Roofed Storage Shed	<u>365</u>	<u>115 tons</u>
<input type="checkbox"/> Concrete Pad		
<input type="checkbox"/> Impervious Soil Pad		
<input type="checkbox"/> Other: Specify _____		

SITING CRITERIA

Are all poultry houses, that have been constructed or enlarged after February 24, 1994, at least 600 feet from all occupied dwellings or commercial establishments not owned by the applicant and at least 150 feet from all adjoining property lines? Yes No, attach wavier

Are all incinerators at least 150 feet from the nearest residential or recreational area, all dwellings, and all light commercial buildings not owned by the applicant? Yes No, attach wavier

NOTE: If answered no to any of these questions then attach a completed Poultry Buffer Zone Waiver. The wavier must be completed by all affected property owners and notarized by a State of Mississippi appointed Notary Public. A copy of the Dry Litter Poultry Buffer Zone Waiver can be found in the Dry Litter Poultry Forms Package or by calling (601) 961-5171 or at http://www.deq.state.ms.us/MDEQ.nsf/page/epd_AgriculturalBranchEPD?OpenDocument

CONTRACT INFORMATION

Is this facility a contract operation? Yes No

If yes, what is the name and address of the integrator?

Name: MARSHALL Durbow Address: WAYNESBORO MS, 39367

II. DRY LITTER POULTRY FEEDING OPERATION CHARACTERISTICS

(continued):

ATTACHMENTS

- Attach a USGS quad map or a copy that extends at least one mile beyond the property boundaries of the facility and clearly show all springs and surface water bodies in the area, plus all drinking water wells within ¼ mile of the facility. Additionally, all public drinking wells within one mile of the facility must be identified. Quad maps can be obtained from MDEQ Office of Geology at (601) 961-5523.
- Attach a site drawing showing the property boundaries and must indicate the approximate location of each existing and proposed structure (house, incinerator, dead box, land application field, composting area, etc). The site drawing must include a compass direction header.

NUTRIENT MANAGEMENT PLAN

Answer the following

My most current and up to date nutrient management plan was developed on 11-14-11.
(Date)

I understand that my nutrient management plan identified above expires five years from the date it was developed and that an updated nutrient management plan must be submitted to MDEQ prior to its expiration date.

The expiration date of my current plan is 11-2016.

Is a nutrient management plan already being implemented for the facility? Yes No

What is the estimated amount of litter generated per year? 456 tons/year

Total acreage needed for land application: 75

Total acreage available for land application: 75

Will a third party remove litter off site? Yes No

If yes, how much litter will be transferred to other persons per year? NONE tons/year

If not land applying, describe alternative use(s) of the litter:

III. CONSTRUCTION AND/OR OPERATION OF A POULTRY MORTALITY INCINERATOR

- Yes, there will be mortality incineration equipment located at the facility. This page must be completed.
- No, there will be no poultry mortality incineration equipment located at the facility. If at a future date you wish to construct and/or operate poultry mortality incineration equipment, you must submit an updated DLPNOI by completing Sections III and V. Constructing and operating poultry mortality incineration equipment without a modified coverage or issuance of individual permits is a violation of state law.

NOTE: Coverage for construction and/or operation of poultry mortality incinerators is for incinerators that have previously submitted approved stack test. For a list of incinerators that have approved stack tests on file please visit http://www.deq.state.ms.us/MDEQ.nsf/page/epd_AgriculturalBranchEPD?OpenDocument or call (601) 961-5171.

Carcasses generated at facilities other than the one identified in this DLPNOI are not permitted for incineration under this coverage. Only chicken carcasses generated on site are permitted for incineration. All other materials such as leaves, trash, and construction debris, are strictly forbidden.

MANUFACTURER'S INFORMATION

Manufacturer Name: Destroyer

Model Number: JR

Capacity (tons/hour): 100 lbs Ph.

TYPE OF INCINERATOR

- Single Chamber
- Multiple Chamber
- Other, describe _____

TOTAL NUMBER OF INCINERATORS AND THEIR DATES OF CONSTRUCTION

Total number of incinerators on site: 1

Please provide the manufacture date for each incinerator and indicate the latitude and longitude coordinates where installed on site in degrees, minutes, and seconds.

Date(s): <u>6-6-2011</u>	Latitude: <u>N31°38'16.26"</u>	Longitude: <u>W88°44'29.54"</u>
_____	Latitude: _____	Longitude: _____
_____	Latitude: _____	Longitude: _____
_____	Latitude: _____	Longitude: _____

FUEL TYPE AND INCINERATOR TEMPERATURE RANGE

Fuel Type: propane

If fuel oil is burned, what is the sulfur content of the oil? _____ %

Incinerator operating temperature range 1100 °F